U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.		
E CLESA			
(3 2/2)			
1. File Number 82 (2. Fiscal Year Covered From:		
	11/11/04 Through: 12/31/04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Charles Bembry	Name New York Metro Area Postal Union		
•	Labor Organization File Number 506 - 753		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 350 W 31 ST. 34FI.	Street 350 W 31 ST. 340F1,		
City New York	city New York		
State	State XX ZIP Code + 4 [000]		
5. Position in labor organization.			
C. Conton in table of gammadion			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, porrect, and complete. (See the se	ing documents), has been examined by the signatory and is, to the best of the		
Signed Muly Louis	on 812-08 2/2562-7533		
	Date Telephone Number		

Name of Person Filing		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines: rely seeking to represent, or irectly to, or otherwise	s		
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ntion		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Www York Mctro federal Credit Vnion Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 350 W 31st St. 1st Fl. City Vew York State NY ZIP Code + 4 1000	11.a. Nature of such dealing Member of fculting board at authorse cost 11 Board mee Which total 11.b. Approximate dollar value 12.a. Nature of interest helps	Bd. Dir. fcu monthly Boo of \$15.80 itings held \$173.80 ue of such dealing.	buys Lunch for ind meetings @ . mbr Per meetings on 2004,	
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		And the state of t	